3:60

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228549

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM M.A.I.D. PIN # 4664-44-5654

APPLICANT/OWNER: Sean Colas APPLICANT ADDRESS: 147 Logan xing Drive

SITE ADDRESS: 134 Greystone Rd. Davidson, NC 28036 PHONE: 704-998-8915 ALT. PHONE

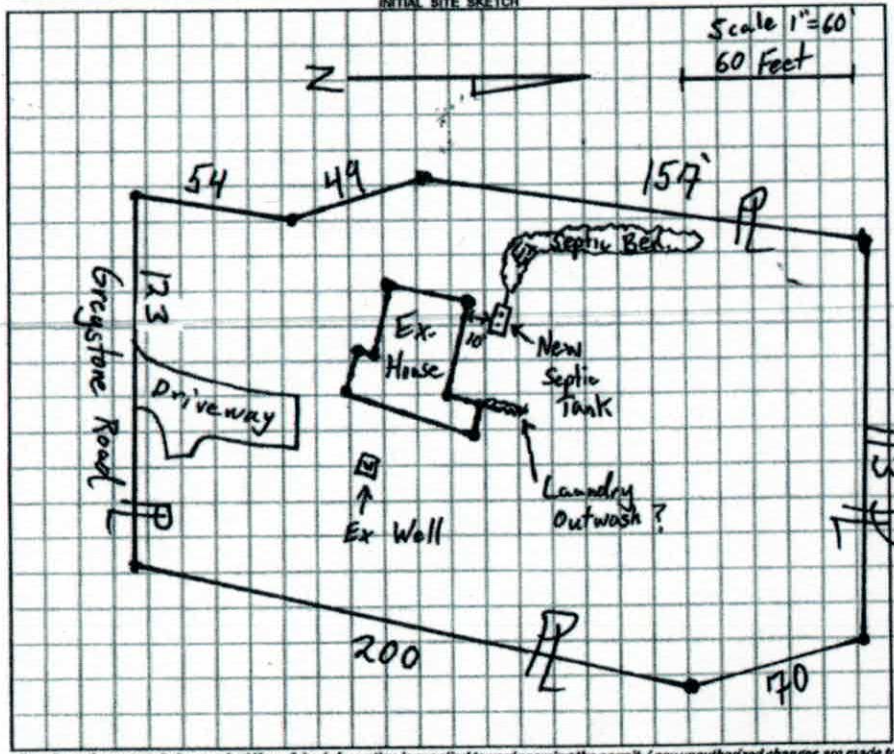
SITE DIRECTIONS: Shearers Rd South from Mooresville → L on Greystone → House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Linda K Ingle SECTION: LOT # TR 2 LOT AREA: 0.9 acres DESIGN FLOW: 240 GPD L.T.A.R.:

Septic Tank	1000	(gal)	STB	In 1060	Date	N/A	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Replace Septic tank			☐ Business	No. Persons	4	☒ Private Ex	
Pump Make	—		Model	—	Serial #	—	Repair System Description:	—			☐ Other	No. Employees	—	☐ Public	
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex		Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Replace existing drum with new septic tank as needed. Recommend pumping septic tank every 3-5 years. Laundry/washer machine MUST be hooked/plumbed into house sewer line. Remove any obstructions/collapsed pipe in septic bed + replace as needed to ensure forward flow. Recommend removing all non-grass vegetation within 10'

INITIAL SITE SKETCH



AS BUILT SKETCH

of all septic system components. No original permit on file.

* Located Existing Line/Pipe
* Replaced Pipe to Drainfield.
* Installed Trench Installed.
* Plumbed Washer Line into House plumbing
* Installed as shown.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Sean Colas Date: 7/20/17

IMPROVEMENT PERMIT by: Tom Shank Date: 7/20/17

AUTHORIZATION TO CONSTRUCT by: Tom Shank Date: 7/20/17

Installed by: John Massey Septic Tank Service

OPERATION PERMIT by: Benjamin A. Cotton Date: 8/3/2017

Existing System Inspected by: Date:

RECEIVED JUL 1 0 2017

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

Repair Evaluation No Chg.

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

#228549

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ✓BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

Paid $150.00

The following optional attachments may also be submitted: ✓Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sean Colas	147 Logan Xing Drive	704-998-8915	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
134 Greystone Rd - Davidson	Linda K. Ingle	TR2

Driving Directions: off of Shearer's Road

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Tank is leaking it's opened
(X) Other been trying to get a survey done, but no one can do right now.

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other ____

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: SC — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/17/17 — DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Sean Colas, am the legal owner(s) of the property located at 134 Greystone Rd Davidson, NC, identified as PIN (Parcel Identification Number) 4664-44-5654.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Nick Lubas, Lake Norman Realty, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	7/7/17	Sean Colas	1-7-17

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified...**

X **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

_____ **Front and side setbacks from property line...**

_____ **Area you prefer your septic system to be placed...**

_____ **Preferred driveway location and configuration, preferred well location...**

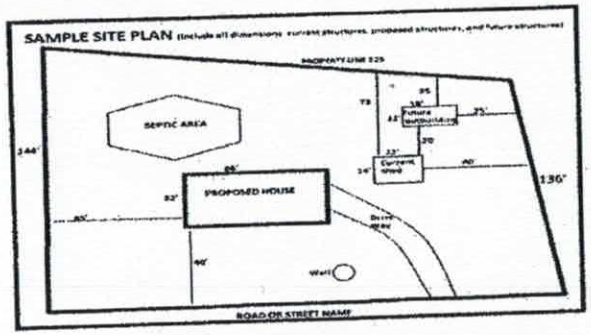
X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

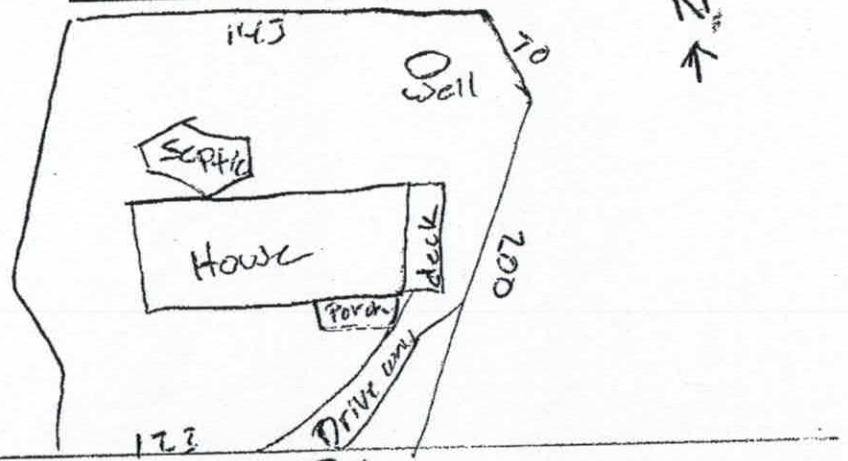
_____ **Location of septic systems and wells within 100' of your property... N/A**

_____ **Location of easements and rights of ways on your property... N/A**

_____ **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: SC _____ 7/17/17

REQUIRED **property owner or owner's legal representative signature.** **DATE**